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NT Mental Health Program response to recommendations in North Australian Aboriginal Justice Agency Submission to Senate Community Affairs References Committee

Inquiry into the Funding and Administration of Mental Health Services

Introduction

The Mental Health Program of the Department of Health in the Northern Territory thanks the Senate Community Affairs References Committee for the opportunity to respond to adverse comments about the management of people with mental health issues at the Darwin Correctional Centre and other matters of concern contained within a submission by the North Australian Aboriginal Justice Agency (NAAJA) to the Committee's *Inquiry into Funding and Administration of Mental Health Services.*

The response includes information regarding the mental health services currently provided to offenders in the NT, with particular reference to services provided to prisoners. The Mental Health Program acknowledges that the services provided to individuals at times may not be optimal and could be improved, however as the cases cited are de-identified it is not possible to ascertain what occurred in these instances.

The Mental Health Program has a strong commitment to continuous quality improvement and welcomes feedback from individuals or agencies regarding the services provided.

Response to NAAJA Recommendations 1 - 7

The first seven recommendations in the NAAJA submission concern the cultural competency and appropriateness of mental health services, including access to services, use of translators and employment of Aboriginal staff. These recommendations are listed below, and a general response regarding cultural competency and appropriateness of services is provided.

Recommendations 1 - 7

1. Mental Health services should be culturally relevant for Aboriginal people. This includes employing Aboriginal people, using interpreters, and providing cross-cultural education to non-Aboriginal staff.
2. More funding should be provided to the Aboriginal Interpreter Service so that more interpreters are trained and available for mental health service needs. Mental Health workers should receive training in the appropriate use of interpreters.
3. Mental health service provision in remote communities should be increased to ensure Aboriginal people living remotely have equal access to quality mental health service provision.
4. Remote clients required to travel to access mental health services should be provided with intensive and tailored support.
5. Where ever possible, community mental health services should employ and be managed by Aboriginal staff.
6. There should be increased funding, support and training for Aboriginal mental health workers.

7. Aboriginal community education and health promotion should be funded. This should include education about the causes of mental health problems, the benefit of prevention and early intervention and treatment options.

The Mental Health Program acknowledges the critical importance of developing sustainable, culturally appropriate and relevant services for Aboriginal people. Aboriginal Cultural Awareness training is mandatory for all staff working in the Mental Health Program. Further to this requirement, many training programs offered to staff either specifically address or include components related to working within an Aboriginal context.

Awareness of the need to use interpreters is embedded in all considerations of clinical decision making, including diagnostic formulation. Aboriginal Mental Health Workers are employed in many of the mental health teams providing clinical services including the In-Patient Units in Darwin and Alice Springs and Community Mental Health Teams providing services to residents in Darwin, Alice Springs, regional centres and remote communities.

The Indigenous Employment and Career Development Strategy 2010-2012 released by the Office of the Commissioner of Public Employment is attached. The strategy articulates the Northern Territory Governments commitment to this critical issue. The Mental Health Program in particular is committed to increasing employment of Aboriginal people within its services. The Program is currently supporting a number of Aboriginal staff to undertake professional and clinical qualifications and promotes leadership opportunities when possible.

The Mental Health Program in the Northern Territory has achieved NT-wide accreditation for mental health services from the Australian Council of Healthcare Standards (ACHS), which includes recognition of the significant efforts made to deliver culturally appropriate services.

The increased use of technology, particularly video-conferencing capability, will further enhance service delivery to remote communities in particular. As coverage and accessibility improve an integrated strategy of improved communication services will be advanced.

The Northern Territory has 641 discrete Aboriginal communities, where approximately 72% of the Indigenous population reside. 570 of these communities have populations under 200 people, There are significant challenges confronting specialist agencies such as mental health services providing services to such geographically dispersed and isolated locations. Extreme seasonal variations and cultural practices can also limit access at various times (flooding, sorry camps, men's business etc).

Mental Health Program staff are committed to providing a culturally sensitive, high quality service in often very physically difficult and emotionally confronting circumstances. These clinicians cannot afford to be overwhelmed by the despair and level of disadvantage encountered. They are aware of the political and social narrative which underscores so much of what needs to be done in regard to closing the gap on Indigenous disadvantage and recognise that Mental Health services are only a very small part of the answer to the issues which confront the Northern Territory's Aboriginal communities.

Response to NAAJA Recommendations 8 - 15

The remaining Recommendations in the NAAJA Submission relate to mental health care in correctional facilities. An overview of the Forensic Mental Health Service in the Northern Territory is provided, followed by a response to recommendations 8 - 15.

Specialist forensic mental health services in the Northern Territory are provided by the Mental Health Program of the Department of Health. There are two relatively small forensic mental health teams located in Darwin and Alice Springs, where the two main correctional facilities are located.

There are approximately 1250 prisoners currently in the Northern Territory, with approximately 750 prisoners in Darwin Correctional Facility and 500 prisoners in Alice Springs Correctional Centre. Female prisoners are housed in both prisons and number between 60 - 70 prisoners in total.

The high proportion of Indigenous prisoners must be acknowledged. Although Indigenous people comprise only 31% of the population of the Northern Territory, they account for over 80% of prisoners.

The Top End Forensic Mental Health Team (TEFMHT) and Central Australian Forensic Mental Health Team (CAFMHT) are multi-disciplinary teams providing a suite of services to the prisons, community and courts as clients traverse the criminal justice system. These services include in-reach to the prison, court reports at the request of the courts, parole reports, case management and community based services on release.

Model of Care

Forensic mental health services aim to provide at least the same level of care to prisoners as would be provided to people with similar needs in the community. This is the case in the Northern Territory. Universal screening is undertaken with all people entering Northern Territory prisons, including identification of previous or current mental health and self harm histories. This assists in identifying which prisoners require a more comprehensive mental health assessment.

Clinical care for prisoners with a mental illness is provided in partnership with the prison primary health service. Each prisoner who requires ongoing specialist mental health care is allocated a case manager, who develops with the prisoner a case management plan outlining treatments and strategies for managing their illness. Medications are organised and administered through the prison primary health service (International SOS). Education is given regarding the effects, side effects and benefits of medication. Case management also involves psycho-education regarding the nature of the illness, course and self management strategies.

Ongoing monitoring, including effects of medication and psychological interventions, are undertaken through regular contact with visiting case managers and review by the consultant psychiatrist and medical registrar. Allied health professionals provide more intensive one to one psychological interventions as required. Established forensic assessment tools are utilised and outcome measures to monitor benefits of current treatment include the HONOS (Health of a Nation Outcome Scale) and the Kessler 10, a self report outcome measure. These measure improvements and identify areas of concern to inform treatment and case managements.

Cultural aspects of care are given great importance and interpreters are used when required and if they are available. It is acknowledged that interpreters are not always available or are not able to be arranged at the time an assessment or interview is required.

When prisoners are assessed as being 'at risk', forensic mental health services are involved in assessing the individual and assist with managing arising incidents. At risk prisoners receive priority for assessment appropriate responses to maintain safety and provide support are developed.

There are a small number of prisoners with a mental illness who are subject to a Custodial Supervision Order under Part IIA of the Criminal Code (currently 2). There are also a small number of prisoners subject to these orders who have an intellectual disability or acquired brain injury who may also have a co-occurring mental illness. When this occurs these prisoners are jointly case managed with Disability Service providers.

There is currently no specific forensic mental health in-patient facility. In the Northern Territory, prisoners requiring a specialist in-patient admission for acute mental illness are transferred to the Joan Ridley Unit at Royal Darwin Hospital for care. Prisoners from Alice Springs are transferred to this unit when required.

Top End Forensic Mental Health Services (TEFMHS)

TEFMHS is comprised of a multi-disciplinary team and includes a Territory wide Director of Forensic Psychiatry, a medical registrar, two psychologists, a social worker and three forensic mental health nurses. A rotating system of attendance at Darwin Correctional Centre (DCC) sees at least one member of the team located at DCC during normal working hours.

Referrals are accepted from the prison primary health service, prison officers, prisoner self referrals and the courts. Prisoners with established mental illness already receiving mental health care are identified and treatment continued. New referrals are initially assessed by a mental health nurse or allied health professional, who will arrange assessment by the consultant psychiatrist or medical registrar. These medical staff visit the prison weekly and also as required.

People released from prison requiring on-going care are followed-up by TEFMHS, who provide case management, regular psychiatric review and monitoring of medication. Assistance with accommodation and social supports are given as required and in concert with appropriate and available existing community resources. Prisoners returning to regional centres or remote communities are linked with local or visiting specialist mental health teams and local primary health providers for support and day to day management of medication and other primary health care needs.

A similar service is provided to young people in the Don Dale Juvenile Detention Centre in Darwin. Depending on the age of the young person and the follow-up they require on release, they may continue to be case managed by the TEFMHS or referred to the relevant child and youth or community mental health team.

Central Australia Forensic Mental Health Services (CAFMHT)

CAFMHT is based within the Alice Springs Correctional Centre (ASCC) and comprises two forensic mental health nurses and an Aboriginal mental health worker. The consultant psychiatrist and psychiatric registrar based in Darwin each visit on alternate weeks, providing a weekly service to ASCC. They review and monitor existing clients, assess and diagnose new referrals and support the forensic mental health nurses to develop ongoing management plans.

A forensic psychologist from NSW visits ASCC for a week each month and provides services to prisoners with a mental illness and/or a cognitive disability, including intensive psychological support for prisoners who require anger management and/or emotional regulation skill development. He also conducts group work with three population groups - adult males, younger males and females. These groups are maintained on a weekly basis by the resident forensic mental health nurses. These groups have produced good results for prisoners excluded from some education programs due to disruptive attitudes or non attendance due to mental health issues.

Follow-up in the community for people released from prison is organised through referral to community mental health teams in Central Australia, including the Alice Springs, Remote and Barkley Mental Health Teams. The CAFMHT provides consultation/liaison with those services and ensures continuity of care.

Response to recommendations 8 – 15

8. Prisoners with mental health issues should have equal access to rehabilitation programs. If they are not suitable for group programs, individual, tailored programs should be provided.

The Northern Territory Mental Health Program cannot comment specifically regarding the case study referred to in the NAAJA Submission detailing the denial of access to programs to a prisoner with schizophrenia.

In general, prisoners with a mental illness are not excluded from rehabilitation programs provided by the Department of Justice. If denied the opportunity to participate due to behavioural or risk issues, Forensic Mental Health reviews the prisoner's situation and treatment and works to stabilise behaviours of concern.

9. Prisoners with mental health issues should have equal access to low and open security classification.

In the past there has been a lack of access to low and open security classifications for prisoners with mental illness who were prescribed oral medication. This issue has been addressed with the prison primary health service, which now provides staff to dispense medication in the lower security settings. As far as Northern Territory Mental Health Program is aware this issue has been resolved.

10. All prisoners with mental health issues should be provided with intensive post release planning and support.

Clients of forensic mental health being released who live in Darwin are provided follow-up care by the TEFMHT. Those who live in Alice Springs are followed up by the CAFMHT.

When people released from prison are returning to remote communities, efforts to ensure safe repatriation and continuity of care are made by the respective forensic mental health team. All released prisoners are supplied with one week's supply of medications as prescribed and local primary health centres are advised of the person's return to their community and are also provided with a discharge summary. Responsibility for ongoing specialist mental health care is transferred to the remote mental health team servicing the particular community.

11. A wider range of appropriate community based accommodation must be made available for people subject to supervision orders.

People with a mental illness released from prison are assisted to obtain accommodation wherever possible. It is acknowledged that there is a lack of appropriate supported accommodation for people with a mental illness, and in particular for people with a forensic history.

Accommodation and support for people with severe and persistent mental illness has been identified as a priority in the National Partnership for Mental Health

Reform. Negotiations between the Commonwealth and the States and Territories through COAG have commenced.

12 Urgent priority must be given to developing an appropriate forensic mental health facility in the NT.

A 30 bed Mental Health and Behavioural Management Unit has been announced and planning is underway. Although this unit will be co-located with the new correctional facility in Darwin, it will be managed and operated by the Department of Health and will provide a more suitable environment for people who are unfit to plead or found not guilty due to mental impairment and subject to a Custodial Supervision Order under Part IIA of the Criminal Code. It will also provide short term treatment and care for remand and sentenced prisoners who are experiencing an exacerbation of their mental illness.

12. People subject to custodial supervision orders should be provided with intensive post-release planning and support.

People subject to Custodial Supervision Orders currently receive intensive post-release planning and support. The conditions of the Supervision Order, including specific support required are at the direction of the Supreme Court. These orders are periodically reviewed and a formal report must be submitted for the Court's deliberation.

13. Youth specific mental health assessments and services should be available for young people involved in the criminal justice system.

As stated above, forensic mental health services accept referrals for young people in juvenile detention and provide assessment and treatment services as required. Appropriate follow-up TEFMHT or community mental health teams id provided post-release if required.

14. Community Health Clinics and Police Stations should be adequately resourced to ensure that someone who has been sectioned under the *Mental Health and Related Services Act (*NT) is appropriately supervised and kept safe.

All Police trainees receive mental health and suicide awareness training as part of their basic training requirements. This has recently increased to a 4 day comprehensive training package and an online module for serving officers has also been developed.

Specialist mental health teams visit all remote communities and mental health education and training is provided to remote health clinicians. A 24 hour telephone crisis assessment and triage service was implemented on 1 June 2011. A psychiatric registrar and consultant psychiatrist are also on–call 24 hours/365 days per year.

Managing acute mental health presentations in remote communities can be difficult for all concerned. Mental health services provide management advice and support to primary health centres in these circumstances. Clients with mental illness awaiting medical evacuation are managed as sensitively and humanely as possible, however, evacuations can be unavoidably delayed for a range of reasons, including weather, other medical emergencies and technical problems, increasing the difficulties experienced by health centres and residents.

15. NAAJA and NT Legal Aid Commission should be adequately funded to represent people at the Mental Health Review Tribunal.

All clients appearing before the Mental Health Review Tribunal are provided with legal representation. This is organised independently by Tribunal, independently of the Mental Health Program.

Mental Health Program

Department of Health

Northern Territory Government

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